



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason:

Shigellosis

County _____

By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ Bloody diarrhea

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Hemolytic uremic syndrome (HUS)**

☐ ☐ ☐ ☐ Kidney dialysis as result of illness

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Shigella culture (clinical specimen)**

Shigella species: _____

PFGE pattern: _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-7

-1

onset

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____
- ☐ ☐ ☐ ☐ Does case know anyone with similar symptoms or illness?
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Congregate living Type:
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Sewage or human excreta
- ☐ ☐ ☐ ☐ Any type of sexual contact with others during exposure period
female sexual partners: _____
male sexual partners: _____

NOTES

- ☐ Patient could not be interviewed
- ☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS/TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude individuals in sensitive occupations (HCW, food, child care) or situation until 2 negative stools
- ☐ Consider excluding symptomatic contacts in sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools
- ☐ Initiate trace-back investigation
- ☐ Child care inspection
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Follow-up of household members
- ☐ Work or child care restriction for household member
- ☐ Testing of home/other water supply
- ☐ Other, specify: _____

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____